

# AIR POLLUTANT EMISSION NOTICE (APEN) & Application for Construction Permit – Amine Sweetening Unit -

**Permit Number:** \_\_\_\_\_ [Leave blank unless APCD has already assigned a permit # & AIRS ID] **Emission Source AIRS ID:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Facility Equipment ID:** \_\_\_\_\_ [Provide Facility Equipment ID to identify how this equipment is referenced within your organization.]

## Section 01 – Administrative Information

Company Name: \_\_\_\_\_ NAICS, or  
Source Name: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Source Location: \_\_\_\_\_ County: \_\_\_\_\_  
Elevation: \_\_\_\_\_ Feet  
Mailing Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Person To Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Section 03 – General Information

For existing sources, operation began on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ For new or reconstructed sources, the projected startup date is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Normal Hours of Source Operation: \_\_\_\_\_ hours/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/year  
General description of equipment and purpose: \_\_\_\_\_  
▶ Will this equipment be operated in any NAAQS nonattainment area? (<http://www.cdphe.state.co.us/ap/attainmaintain.html>) ☐ Yes ☐ No ☐ Don't know  
▶ Does this facility have a design capacity less than 2 long tons/day of H<sub>2</sub>S in the acid gas? Provide documentation. ☐ Yes ☐ No ☐ Don't know

## Section 04 – Amine Sweetening Unit Equipment Information

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
Reboiler Rating: \_\_\_\_\_ MMBtu/hr Absorber Column Stages: \_\_\_\_\_ stages  
Amine Type: ☐ MEA ☐ DEA ☐ TEA ☐ MDEA ☐ DGA  
Amine Pump Make & Model: \_\_\_\_\_ # of Pumps: \_\_\_\_\_  
Sweet Gas Throughput: \_\_\_\_\_ Design Capacity: \_\_\_\_\_ MMSCF/day Requested<sup>1</sup>: \_\_\_\_\_ MMSCF/yr.  
Calendar year actual: \_\_\_\_\_ MMSCF/yr.  
Inlet Gas: Pressure: \_\_\_\_\_ psig Temperature: \_\_\_\_\_ °F  
Rich Amine Feed: Pressure: \_\_\_\_\_ psia Temperature: \_\_\_\_\_ °F Flowrate: \_\_\_\_\_ gal/min  
Lean Amine Stream: Pressure: \_\_\_\_\_ psia Temperature: \_\_\_\_\_ °F Flowrate: \_\_\_\_\_ gal/min  
wt. % amine: \_\_\_\_\_ Mole loading H<sub>2</sub>S: \_\_\_\_\_ Mole loading CO<sub>2</sub>: \_\_\_\_\_  
Sour Gas Input: Pressure: \_\_\_\_\_ psia Temperature: \_\_\_\_\_ °F Flowrate: \_\_\_\_\_ MMSCF/day  
NGL Input: Pressure: \_\_\_\_\_ psia Temperature: \_\_\_\_\_ °F Flowrate: \_\_\_\_\_ gal/min  
Flash Tank: Pressure: \_\_\_\_\_ psia Temperature: \_\_\_\_\_ °F ☐ None

<sup>1</sup>Requested values will become permit limitations.

**Additional Information Required:**  
☐ Attach a process flow diagram  
☐ Attach the simulation model inputs & emission report  
☐ Attach composition reports for the rich amine feed, sour gas feed, NGL feed, & outlet stream (emissions)  
☐ Attach the extended gas analysis (including BTEX & n-Hexane, H<sub>2</sub>S, CO<sub>2</sub>, 2,2,4 Trimethylpentane)

## Section 02 – Requested Action (Check applicable request boxes)

- ☐ Request for NEW permit or newly reported emission source  
☐ Request MODIFICATION to existing permit (check each box below that applies)  
☐ Change process or equipment ☐ Change company name  
☐ Change permit limit ☐ Transfer of ownership ☐ Other  
☐ Request to limit HAPs with a Federally enforceable limit on PTE  
☐ Request APEN update only (check the box below that applies)  
☐ Revision to actual calendar year emissions for emission inventory  
☐ Update 5-Year APEN term without change to permit limits or previously reported emissions

**Addl. Info. & Notes:** \_\_\_\_\_

### Colorado Department of Public Health and Environment Air Pollution Control Division (APCD)

This notice is valid for five (5) years. Submit a revised APEN prior to expiration of five-year term, or when a significant change is made (increase production, new equipment, change in fuel type, etc).

**Mail this form along with a check for \$152.90 to:**  
**Colorado Department of Public Health & Environment**  
**APCD-SS-B1**  
**4300 Cherry Creek Drive South**  
**Denver, CO 80246-1530**

For guidance on how to complete this APEN form:

Air Pollution Control Division: (303) 692-3150  
Small Business Assistance Program (SBAP): (303) 692-3148 or  
(303) 692-3175

APEN forms: <http://www.cdphe.state.co.us/ap/downloadforms.html>

Application status: <http://www.cdphe.state.co.us/ap/ss/sspcpt.html>

- ☐ Check box to request copy of draft permit prior to issuance.  
☐ Check box to request copy of draft permit prior to public notice.

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Emission Source AIRS ID: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Section 05 – Stack Information (Combustion stacks must be listed here)

Operator Stack ID No.	Stack Base Elevation (feet)	Stack Discharge Height Above Ground Level (feet)	Temp. (°F)	Flow Rate (ACFM)	Velocity (ft/sec)	Moisture (%)

Direction of stack outlet (**check one**): ☐ Vertical ☐ Vertical with obstructing raincap ☐ Horizontal ☐ Down ☐ Other (Describe): \_\_\_\_\_  
Exhaust Opening Shape & Size (**check one**): ☐ Circular: Inner Diameter (inches) = \_\_\_\_\_ ☐ Other: Length (inches) = \_\_\_\_\_ Width (inches) = \_\_\_\_\_

## Section 06 –Stack (Source, if no combustion) Location (Datum & either Lat/Long or UTM)

Horizontal Datum (NAD27, NAD83, WGS84)	UTM Zone (12 or 13)	UTM Easting or Longitude (meters or degrees)	UTM Northing or Latitude (meters or degrees)	Method of Collection for Location Data (e.g. map, GPS, GoogleEarth)

## Section 07 – Control Device Information (Indicate if a control device controls the **flash tank and/or regenerator emissions**)

<input type="checkbox"/> <b>Condenser</b> used for control of: _____ Type: _____ Make/Model: _____ Temperature (°F): Maximum: _____ Average: _____ Requested VOC & HAP Control Efficiency: _____ %	<input type="checkbox"/> <b>Combustion Device</b> used for control of: _____ Rating: _____ MMBtu/hr Type: _____ Make/Model/Serial #: _____ VOC & HAP Control Efficiency: Requested: _____ % Manufacturer Guaranteed: _____ % Minimum temp. to achieve requested control: _____ °F Waste gas heat content: _____ Btu/scf Constant pilot light? <input type="checkbox"/> Yes <input type="checkbox"/> No Pilot burner rating: _____ MMBtu/hr
<input type="checkbox"/> <b>VRU</b> used for control of: _____ Size: _____ Make/Model: _____ Requested VOC & HAP Control Efficiency: _____ % Annual time that VRU is bypassed (emissions vented): _____ %	<input type="checkbox"/> <b>Closed loop system</b> used for control of: _____ Description: _____ <input type="checkbox"/> Describe Any <b>Other</b> : _____

## Section 08 – Emissions Inventory Information & Emission Control Information

☐ Emission Factor Documentation attached Data year for actual calendar yr. emissions below & gas throughput above (e.g. 2007): \_\_\_\_\_

Pollutant	Control Device Description		Control Efficiency (% Reduction)	Emission Factor		Actual Calendar Year Emissions <sup>2</sup>		Requested Permitted Emissions <sup>3</sup>		Estimation Method or Emission Factor Source
	Primary	Secondary		Uncontrolled Basis	Units	Uncontrolled (Tons/Year)	Controlled (Tons/Year)	Uncontrolled (Tons/Year)	Controlled (Tons/Year)	
NO <sub>x</sub>	<b>Identify in Section 07</b>									
VOC										
CO										
Benzene										
Toluene										
Ethylbenzene										
Xylene										
n-Hexane										
<b>Please use the APCD Non-Criteria Reportable Air Pollutant Addendum form to report pollutants not listed above.</b>										

<sup>2</sup> Annual emission fees will be based on actual emissions reported here. If left blank, annual emission fees will be based on requested emissions.

<sup>3</sup> If Requested Permitted Emissions is left blank, the APCD will calculate emissions based on the information supplied in sections 03 - 08.

## Section 09 –Applicant Certification - I hereby certify that all information contained herein and information submitted with this application is complete, true and correct.

Signature of Person Legally Authorized to Supply Data	Date	Name of Legally Authorized Person (Please print)	Title
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